

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101619439

FILING DATE

APPLICANT(S)

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0		1		
6		0		1		
7		0		1		
8		0		1		
9		0		1		
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48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	10		9			
TOTAL CLAIMS	11		10			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS					
	IND.		DEP.		TOTAL CLAIMS
	IND.	DEP.	IND.	DEP.	
51					
52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					